Name in Full

Louis Barber

Certificate of Death

Town

Died at 2 District

County

Anne Arundel

MARYLAND

Date 1922	Month	Day	Age Y.	M.	D.	Native of	Occupation
	1	12	25			Va.	Laborer

Male / ~~Female~~

~~White~~ / Colored

Married / ~~Single~~ / ~~Widow~~ / ~~Widower~~ / ~~Divorced~~

Number of children living None

~~Husband~~ / Wife of James Taylor

~~Father's~~ Name

Mother's Name 220

Cause of Death — Primary: Consumption

Immediate: Pneumonia

How long sick 5 months

Accident, Suicide, Homicide

Reported by James S Taylor

Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or ministar.

LIBRARY BUREAU, 79898

attended by Dr. H. R. Winchester
informative for her Brother
Henry Barber

Name in Full

Certificate of Death

Mrs. Mary E. Boulden

Died at (Town) near Locust Point (County) Anne Arundel MARYLAND

Date 19 Month 1 Day 14 | Age Y. 72 M. D. | Native of | Occupation

~~Male~~ / Female | White / ~~Colored~~ | Married / ~~Single~~ | Widow / ~~Widower~~ | ~~Divorced~~ / ~~Number of children living~~

Husband of Wife Geo. H. Boulden

Father's Name Andrew McIntire | Mother's Maiden Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Cecil Dennard 1-20

Address

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79208

Name in Full #5885

George Alfred Bowen

Certificate of Death

Died at Town: Masonville County: A. A. Co. MARYLAND

Date 1900 Month 1 Day 4 | Age Y. 1 M. 4 D. | Native of A. A. Co Md | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of ~~children living~~

Husband of —

Wife ??

Father's Name John Bowen

Mother's Name Fannie E. Bowen

Cause of Death: Primary Ulcerated Sore throat — also teething — How long sick 7 days

Immediate Convulsions — ~~Accident, Suicide, Homicide~~

Reported by Thomas B Horton M.D.

Address So. Balto. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full: Clifton J. Chance

Certificate of Death

Died at — Town: Annapolis — County: Anne Arundel — MARYLAND

Date ~~189~~ 1900 — Month: 1 — Day: 28 — Age: Y. 1, M. 11, D. — Native of: Md — ~~Occupation~~

Male — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — Single — Widower — ~~Number of children living~~

~~Husband~~ of Wife

Father's Name: James E. Chance

Mother's Name: Sarah K. Russell

Cause of Death — Primary: Grippe — G

Immediate: Bronchitis

How long sick: 5 days.

~~Accident, Suicide, Homicide~~

Reported by: James S Taylor

Address: Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attending Physician Dr Geo Wells
information from Further of
Child

Name in Full — Certificate of Death

Richard T. Conner

Died at Town: Churchton County: A. A. — MARYLAND

Date ~~189~~ 1905 Month: Jan Day: 23 | Age Y. 59 M. 8 D. 0 | Native of Md | Occupation Carpenter

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 3

Husband ~~Wife~~ of Elizabeth Franklin 125

Father's Name Joseph Conner | Mother's Name Ellen Morris

Cause of Death — Primary: Erysipelas of Face thence — How long sick 11 days

Immediate: Oedema of Glottis — ~~Accident, Suicide, Homicide~~

Reported by Geo. T. Dent M.D.

Address Churchton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Norene Elizabeth Crowder

Died at Town Annapolis County A. A. Co. MARYLAND

Date 1900 ~~189~~ Month Jan. Day 2nd Age Y. M. D. 5 Native of U.S. Occupation Infant

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~

~~Wife~~

Father's Name Augustus Crowder Mother's Name Sarah Crowder

Cause of Death Primary Trismus Neonatorum How long sick 2 days

Immediate Exhaustion 140 ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by F. H. Thompson M.D.

Address #93 Church St. Annapolis, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full: Rebecca Dosier

Certificate of Death

Died at Town: Parole County: A A Co MARYLAND

Date 1900 Month Jan Day 23 | Age Y. 29 M. 11 D. 9 | Native of Chicago Ill | Occupation Housewife

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 2

Husband of Wife: William Dosier

Father's Name: Wm Conner

Mother's Name: Catherine Conner

Cause of Death: Primary Miscarriage 22e | How long sick 23 days

Immediate Tubercular Diarrhoea Obscure [illegible] | Accident, Suicide, Homicide

Reported by William Bishop M D

Address 12 Church Circle Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

George W Durall

Died at Town: 2 Districts | County: A A Center | MARYLAND

Date 1906 | Month 1 | Day 8 | Age Y. 53 M. D. | Native of Md | Occupation Farmer

Male | White | Married | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | ~~Single~~ | ~~Widower~~ | Number of children living 5

Husband ~~Wife~~ of Madeleine Stump.

Father's Name Samuel Lunath | Mother's Name

Cause of Death: Primary Mitral Valves 57 | How long sick

Immediate Dropsy | Accident, Suicide, Homicide

Reported by H R Walton

Address Francis St. Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full #5929 Louisa Fuller.

Certificate of Death

Died at Town East Brooklyn County Anne Arundel. MARYLAND

Date 1900 Month 1 Day 22 | Age Y. 76 M. D. | Native of Maryland | Occupation House-keeper

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

Number of children living 5

~~Husband~~ Wife of Samuel Fuller.

Father's Name

Mother's Name

Cause of Death { Primary La Grippe 9 days | Immediate Heart Failure.

How long sick

Accident, Suicide, Homicide

Reported by J B Robinson M D.

Address Brooklyn Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full

Certificate of Death

George Garrett,

Died at Brooklyn, Town A. A. County, MARYLAND

Date 1900 Month Jan. Day 25 | Age Y. — M. — D. 3 | Native of Md. | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | ~~Divorced~~ Number of ~~children~~ living

Husband of
Wife —

Father's Name

Mother's Name 49

Cause of Death: Primary — Infantile Convulsions

Immediate — Prostration

How long sick 1 day

~~Accident, Suicide, Homicide~~

Reported by J. H. Cole. M.D.

Address 913 21 & Charles,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. J. W. Cole,

of 1321 S. Charles St. Balto, Md.

Seen by Coroner .....

of .....

Information contained in this certificate received

from Md. Balto

of 1641 Lanvale

Name in Full

Certificate of Death

William Harwood

Died at Town Annapolis County A.A. MARYLAND

Date 1900 Month Jany Day 21 | Age Y. 90 M. 0 D. 26 | Native of Maryland | Occupation Lawyer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living two

Husband of Wife

Father's Name Richard Harwood of Thos Mother's Name Sarah Callahan

Cause of Death: Primary Old age 141 | How long sick One week

Immediate exhaustion | ~~Accident, Suicide, Homicide~~

Reported by W. Clement Claude M.D.

Address 82 Prince Geo. St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: William W Hineman

Certificate of Death

Died at Town: Annapolis County: A A Co MARYLAND

Date 1900 Month 1 Day 13 | Age Y. 1 M. 2 D. 3 | Native of city | Occupation —

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of —

Father's Name: Wm W Hineman

Mother's Name: Georgiana Hineman

Cause of Death: Primary Pertussis; Immediate Convulsion

How long sick: 3 weeks

Accident, Suicide, Homicide

Reported by: Wm Bishop M.D.

Address: 12 Church Circle Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full | Certificate of Death

Marg H. Hutton

Died at Town: Annapolis County: Anne Arundell MARYLAND

Date ~~189~~ 1900 Month: Jany. Day: 10 | Age Y. 78 M. ~~79~~ D. | Native of Md. | Occupation

Male White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living 3

~~Husband~~ Wife of John Henry Hutton.

Father's Name Wesley M. Holme | Mother's Name Sophia Cross.

Cause of Death: Primary old age 141 | How long sick 3 years

Immediate | ~~Accident, Suicide, Homicide~~

Reported by James S Taylor F.D.

Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name of Attendy Rhumen
Dr Geo Wells
information from
Edgar Hutton Son

Name in Full — Certificate of Death

Lydia Hyman

Died at Annapolis (Town) (County) Anne Arundel Co. MARYLAND

Date 1900 Month Jan Day 21 | Age Y. 7 M. D. | Native of Md | Occupation —

~~Male~~ Female ~~White~~ Colored Married Single ~~Widow~~ Widower ~~Divorced~~ Number of children living

Husband of —
Wife

Father's Name William Hyman Mother's Name Georgianna Scott

Cause of Death: Primary Pertussis 7 — How long sick 4 weeks

Immediate Pneumonia — ~~Accident~~, Suicide, ~~Homicide~~

Reported by Wm Bishop M.D.

Address 12 Church Circle Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full

Elsie. Johnson

Certificate of Death

Town: Annapolis

County: Anne Arundel

MARYLAND

Died at Annapolis

Date 1900 Month 1 Day 13.

Age ~~Y.~~ 3 Weeks. ~~M.~~ ~~D.~~

Native of Md

Occupation ———

~~Male~~ / Female

~~White~~ / ~~Colored~~

~~Married~~ / ~~Single~~ / ~~Widow~~ / Widower / ~~Divorced~~

Number of children living ~~Husband~~ / ~~Wife~~ of

Father's Name: Charles Johnson

Mother's Name: Jane E. Naylor

Cause of Death — Primary: imperfect Nutrition

How long sick: 3 days.

Immediate

138

~~Accident, Suicide, Homicide~~

Reported by: James S Taylor

Address: Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU; 65068

Attended by Dr Geo Wells

Information from

Father R Chiles

Name in Full: James Alfred Jones

Certificate of Death

Died at Town: Annapolis County: A A Co MARYLAND

Date ~~1900~~ 1900 Month: Jan Day: 28 Age Y.: 2 M.: 11 D.: 3 Native of: City Occupation: —

Male ~~White~~ ~~Married~~ ~~Widow~~ Divorced

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of —

Father's Name: Wm Alsop

Mother's Name: Adaline Clay

Cause of Death: Primary: Pertussis 7 — How long sick

Immediate: Bronchitis — Accident, Suicide, Homicide

Reported by: Wm Bishop M D

Address: 12 Church Cr [illegible] Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Fredk Kenne

Certificate of Death

Died at Town So. Balto - County A. A. Co MARYLAND

Date 1900 Month 1 Day 16 | Age Y. 75 M. 11 D. | Native of Germany | Occupation Ship Builder

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 1

Husband of Wife

Father's Name

Mother's Name 155 b

Cause of Death: Primary General Debility | How long sick 2 mos

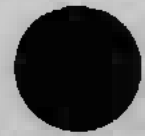
Immediate Heart Failure | ~~Accident, Suicide, Homicide~~

Reported by Thomas B. Horton MD

Address So. Balto - A. A. Co. Md -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full: Josephine Leitch

Certificate of Death

Diod at Town: Friendship County: Anne Arundel MARYLAND

Date 19 on Month: Jan Day: 24th Age Y. 50 M. D. Native of: Calvert Co Md Occupation: Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Coloured~~ ~~Single~~ ~~Widower~~ Number of children living 10

~~Husband~~ Wife of C. C. Leitch deceased

Father's Name: John Ward Mother's Name: Charlotte Ward

Cause of Death: Primary Erysipelas 125 How long sick 6 days

Immediate Toxemia Accident, Suicide, Homicide

Reported by Dr Geo. W. Pembroke

Address Friendship, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full Ella Matthews

Certificate of Death

Died at Town Shady Side County A.A. MARYLAND

Date ~~189~~ 1900 Month Jan Day 11 Age Y. 23 M. – D. – Native of Maryland Occupation Housewife

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 1

~~Husband~~ Wife of Frank Matthews

Father's Name Jacob Scott Mother's Name Matilda Thompson

Cause of Death Primary Intestinal Tuberculosis How long sick 8 mos

Immediate Exhaustion 22e ~~Accident, Suicide, Homicide~~

Reported by Geo. T. Dent, M.D.

Address Churchton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full John McCleland

Certificate of Death

Died at Town Annapolis County Anne Arundel Co — MARYLAND

Date 1900 Month 1 Day 31 | Age Y. 33 M. — D. | Native of New York | Occupation Stone Setter

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living one

Husband of Wife —

Father's Name — Mother's Name — 152 a

Cause of Death: Primary Breaking of Bone of Tenic; Immediate Concession of Brain

How long sick —

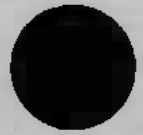
Accident, ~~Suicide, Homicide~~

Reported by Julian Brewer

Address Coroner Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Charles Owen Medford

Certificate of Death

Died at Town: Annapolis County: Anne Arundel MARYLAND

Date 1900 Month: 1 Day: 25

Age Y.: 2. M.: 3. D.: 1

Native of: Md

~~Occupation~~

Male ~~Female~~

White ~~Colored~~

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~

~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name: Charles Medford

Mother's Name: Kate Cressen.

Cause of Death: Primary 82

Immediate: Marasmus

How long sick: 6 weeks

~~Accident, Suicide, Homicide~~

Reported by: James L. Taylor

Address: Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr Geo Wells.
information from Father of
child ——

Name in Full: Moore

Certificate of Death

Died at — Town: Annapolis — County: [illegible] — MARYLAND

Date ~~189~~ 1900 — Month: Jan — Day: 30 — Age: Y. — M. — D. — Native of: Md — Occupation: ——

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of ——

Father's Name: B. S. Moore

Mother's Name: Eliza Watkins

Cause of Death — Primary: Still born

Immediate

How long sick: ——

~~Accident, Suicide, Homicide~~

Reported by: Wm Bishop M.D.

Address: 12 Church Circle

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full #5879 Certificate of Death

Stanislaw Morzeski

Died at Town East Brooklyn County Anne Arundel MARYLAND

Date 1920 Month 1 Day 3 Age Y. 1 M. — D. 23 Native of Germany Occupation —

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children ~~living~~

Husband of Wife

Father's Name Stanislaw Morzeski Mother's Name Mary Morzeski

Cause of Death Primary Pertussis 7 How long sick

Immediate Pneumonia Accident, Suicide, Homicide

Reported by R. Dabney Ball M.D.

Address Sinsti Bal[illegible] Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Allen Nickerson

Certificate of Death

Died at Town Brooklyn County AA MARYLAND

Date ~~1894~~ 1900 Month June Day 20 | Age Y. 9 M. 10 D. 4 | Native of maryland | Occupation —

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name William Nickerson

Mother's Name Emma Nickerson

Cause of Death: Primary Dysentery 14 ~~8~~ 4

Immediate Hemorrhage

How long sick

Accident, Suicide, Homicide

Reported by J Byrne Robinson MD

Address Brooklyn AA CO

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Levin H. Norwood

Died at Town Annapolis County Anne Arundel MARYLAND

Date ~~189~~ 1900 Month 1 Day 20 | Age Y. 66 M. D. | Native of Md. | Occupation Painter

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 4

Husband ~~Wife~~ ~~Father~~ of Charlotte Mott.

Name John Mott Mother's Name Charlotte

Cause of Death Primary Apoplexy. 42 | How long sick 4 days.

Immediate from the effects. | ~~Accident, Suicide, Homicide~~

Reported by James S Taylor F.D.

Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

attended by Dr Geo Wells
information from his son
John Norwood
Annapolis
Md

Name in Full

Certificate of Death

Hester Queen

Died at Town Smithville County A A Co MARYLAND

Date 1900 Month June Day 20 | Age Y. 75 M. ~~[illegible]~~ D. | Native of County | Occupation Domestic

~~Male~~ Female ~~White~~ Colored Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband of Wife Thomas Queen

Father's Name Richard Lane Mother's Name Dont know

Cause of Death { Primary Albuminuria ~~[illegible]~~ 138 | How long sick Sudden

Immediate Convulsions | Accident, Suicide, Homicide

Reported by Wm Bishop M.D. ~~[illegible]~~

Address 12 Church Circle Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name In Full

Certificate of Death

Annie Rawlings

Died at Town Annapolis, County Anne Arundel MARYLAND

Date ~~1900~~ 1900 Month 1 Day 15 Age Y. 0 M. 5 D. Native of Md Occupation ——

~~Male~~ Female White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband ~~of~~ Wife

Father's Name J. F. Rawlings

Mother's Name Sadie Rawlings 82

Cause of Death Primary Marasmus

Immediate Inanition

How long sick

Accident, Suicide, Homicide

Reported by H. R. Winchester, M. D.

Address 47 Market St. Annapolis Md.

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Mrs. Annie A. Ridgely

Town

County

Died at Anne Arundel MARYLAND

Date ~~19~~ Month 1 Day 1 | Y. M. D. Age 61 | Native of | Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ ~~Widow~~ Number of children living

Husband of A. S. Ridgly

Wife

Father's Name

Mother's Name 71

Cause of Death { Primary pleuro pneumonia | How long sick

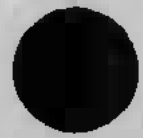
Immediate | Accident, Suicide, Homicide

Reported by Dr. Townsend 1-6

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898



Name in Full Rogers (s.d.)

Certificate of Death

Died at Town Shady Side County A.A. MARYLAND

Date ~~189~~ 1900 Month Jan Day 16 | Age Y. — M. — D. 8 | Native of Md | Occupation — —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living —

Husband / Wife of —

Father's Name Harrison Rogers

Mother's Name Annie M. Hallock

Cause of Death: Primary Intestinal obstruction

Immediate Exhaustion 86

How long sick 4 days

~~Accident, Suicide, Homicide~~

Reported by Geo. T. Dent M.D.

Address Churchton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 68968

Name In Full Albert Scott

Certificate of Death

Town Galesville County Anne Arundel MARYLAND

Died at Galesville

Month	Day	Y.	M.	D.	Native of	Occupation
1	9	4				

Date ~~189~~ 1905

Age 4

Male ~~Female~~

~~White~~ Colored

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~

~~Number of children living~~

Husband of

Wife

Father's Name

Mother's Name

1450

Cause of Death — Primary: Discharge Diagnosis

Immediate

How long sick

Accident, ~~Suicide, Homicide~~

Reported by Advertiser 1-11

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79298

Name in Full

Certificate of Death

Julia Sevier

Died at Town 2d Dist County Anne Arundel MARYLAND

Date ~~1900~~ 1900 Month Jan Day 3 | Age Y. 65 M. - D. - | Native of Md | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of ——————

Wife

Father's Name Vachel Sevier Mother's Name Mary Dadds

Cause of Death Primary Pneumonia 72 How long sick 1 week

Immediate Exhaustion ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Wm. S. Welch M.D.

Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full Mollie Stansbury

Certificate of Death

Died at Town Brooklyn County Anne Arundel MARYLAND

Date ~~189~~ 1900 Month Jan. Day 16 | Age Y. 16 M. D. | Native of | Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary Typhoid fever | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Chas. H. Brooke M.D.

Address Brooklyn Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

Samuel Stevens

Town

County

Died at

Anne Arundel MARYLAND

Date ~~189~~ 1905	Month 1	Day 6	Age Y. 45 M. D.	Native of	Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 9

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary heart trouble 57 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full — Certificate of Death

John C. Thomas

Died at — Town: Annapolis — County: Anne Arundel — MARYLAND

Date 1900 — Month: Jan — Day: 25 — Age: Y. 25 M. D. — Native of: Md — Occupation: Cook

Male ~~Female~~ — ~~White~~ Colored — ~~Married~~ Single — ~~Widow~~ Widower — ~~Divorced~~ ~~Number of children living~~

Husband of —
Wife

Father's Name: Geo Thomas — Mother's Name:

Cause of Death — Primary: Pneumonia 72 — How long sick: 2 weeks

Immediate: Exhaustion — ~~Accident~~, Suicide, ~~Homicide~~

Reported by: Wm S Welch M.D.

Address:

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full

Certificate of Death

John S Tucker

Died at Town Friendship County A Alco MARYLAND

Date 1900 Month Jan Day 20 Age Y. 73 M. D. Native of Maryland Occupation Shoemaker

Male White ~~Married~~ ~~Widow~~ Divorced

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 3

Husband of Wife

Father's Name Unknown Mother's Name "

Cause of Death Primary Bright's Disease 97 How long sick 1 year

Immediate ~~Accident, Suicide, Homicide~~

Reported by Geo H Pembroke

Address Friendship Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full: Francis Watkins

Certificate of Death

Died at: Annapolis Town, Annapolis County, Al A C MARYLAND

Date: 1900 Month: 10 Day: Jan Age: Y. 1 M. week D. Native of: Alton Occupation: —

Male / ~~White~~ / Married / Widow / Divorced

Female / Colored / Single / Widower / Number of children living

Husband of Wife

Father's Name

Mother's Name: Alatrilda Watkins

Cause of Death: Primary: Infants Death 140 — How long sick: 1 week

Immediate — Accident, Suicide, Homicide

Reported by: Hammond Hall

Address:

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. undertakers Hammond Hall

LIBRARY BUREAU. 79888

Name in Full: Maria Weems

Certificate of Death

Died at — Town: West Rivr — County: A. A. Co. — MARYLAND

Date ~~189~~ 1900 — Month: Jan — Day: 16 — Age: Y. 73 M. D. — Native of: Md. — Occupation: Housewife

~~Male~~ Female — White ~~Colored~~ — Married ~~Single~~ — Widow ~~Widower~~ — Divorced — Number of children living: One

Husband of Wife: Richard Weems Md 57

Father's Name: John Sellman — Mother's Name: Elizabeth Silby

Cause of Death — Primary: Mitral Insufficiency — How long sick: 4 wks

Immediate: Loss of compensatory Hypertrophy — ~~Accident, Suicide, Homicide~~

Reported by: Sewell S. Hepburn MD.

Address: West Rivr Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79298

Name in Full | Certificate of Death

Francis B. Wells

Died at Town 2 District County Anne Arundell MARYLAND

Date ~~1899~~ 1900 Month Jany Day 15 Age Y. 31 M. 5 D. 8 Native of Md Occupation Farmer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name James Wells Mother's Name Susan Crandell

Cause of Death: Primary Gripp. 9 How long sick 4 weeks

Immediate Heuerage of Bowels ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by James B. Taylor

Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name of Physician Dr Jas Wells

Information from Dr Wells

Name in Full

Certificate of Death

James E. Wright

Died at Town: Annapolis County: Anne Arundel MARYLAND

Date ~~1900~~ 1900 Month Day Jan. 24th Age Y. M. D. 27 - 12 Native of Md. Occupation Hunter

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~of~~

Wife

93

Father's Name John T. Wright

Mother's Name Hester H. Wright

Cause of Death: Primary General Peritonitis — How long sick 3 wks.

Immediate Septicemia — ~~Accident, Suicide, Homicide~~

Reported by H. R. Winchester M. D.

Address 47 Market St. Annapolis Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898